

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 578060

1. Entity Name

COASTLAND BUILDING CORP.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90091 002 ***158.75

Principal Place of Business

2346 J & E BOULEVARD
NAPLES FL 34109
US

Mailing Address

PO BOX 11448
NAPLES FL 34101-1448
US

2. Principal Place of Business

2322 CHESHIRE LN.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NAPLES FL

City & State

City & State

Zip
34101

Country

COLLIER

Zip

Country

4. FEI Number

59-1842549

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINE, ROGER H
11349 LONG SHORE WAY E
NAPLES FL 34119

Name FINE, ROGER H.

Street Address (P.O. Box Number is Not Acceptable)

492 PINE AVE.

City NAPLES

FL

Zip Code 34108

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FINE, ROGER H	
STREET ADDRESS	11349 LONG SHORE WAY E	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINE, HELENA A	
STREET ADDRESS	11349 LONG SHORE WAY E	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER H FINE	
STREET ADDRESS	492 PINE AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE HELENA A	
STREET ADDRESS	492 PINE AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY A FINE	
STREET ADDRESS	429 3RD AVE NO	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROGER H FINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2000 (941) 513-9833
Date Daytime Phone #

CR2E034 (9/99)